e print or type in the unshaded areas only  n reas are spaced for elite type, i.e., 12 characters/inch	ı).			Form Approved OMB No. 1.	58-R0	175	Jo.							
FORM S. ENVIRO	MINC			MATION  Strongram  I. EPA I.D. NUMBER  N J D 0 0 0 3 0			T/A C							
CO CO	nsoli	dated	Permits P	Program " before starting.)  FN J D 0 0 0 3 0			2 3 D							
LABEL ITEMS	If a preprinted label has be it in the designated space.													
I. EPA I.D. NUMBER  it in the designated space. ation carefully; if any of it through it and enter the														
111111111111111111111111111111111111111	appropriate fill—in area bel the preprinted data is abser	ow. A	lso, i	f any of a to the										
V. MAILING ADDRESS PLEASE PLA	ACE	LA	BEL IN	THIS SPACE left of the label space list that should appear), please proper fill in area(s) held	prov	ide i	t in the							
HHHAIII.	/	/	11,	proper fill—in area(s) belo complete and correct, you Items I, III, V, and VI (c	need	not d	omplete							
FACILITY	/	/	///	must be completed regard items if no label has been	lless). provid	Com led.	plete all Refer to							
VI. LOCATION	1	/	//	the instructions for deta tions and for the legal au which this data is collected.										
II. POLLUTANT CHARACTERISTICS		1		Willelf this data is concerd.										
INSTRUCTIONS: Complete A through J to determine w	heth	er yo	u need to	submit any permit application forms to the EPA. If you ans	wer "y	es" t	o any							
if the supplemental form is attached. If you answer "no"	to e	ach c	uestion, y	e parenthesis following the question. Mark "X" in the box in ou need not submit any of these forms. You may answer "no	" if yo	ur ac	tivity							
	instr	-	K'X'	o, Section D of the instructions for definitions of bold-faced		MAR	к 'х'							
SPECIFIC QUESTIONS	YES	NO	FORM	SPECIFIC QUESTIONS  B. Does or will this facility (either existing or proposed)	YES	NO	FORM ATTACHED							
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	311.3	include a concentrated animal feeding operation or aquatic animal production facility which results in a		X								
C. Is this a facility which currently results in discharges	16 X	17	18	discharge to waters of the U.S.? (FORM 2B)  D. Is this a proposed facility (other than those described	19	20	21							
to waters of the U.S. other than those described in A or B above? (FORM 2C)	22	23	24	in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	25	X 26	27							
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	Х		Х	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum con- taining, within one quarter mile of the well bore,		Х								
G. Do you or will you inject at this facility any produced	28	29	30	underground sources of drinking water? (FORM 4)	31	32	33							
water or other fluids which are brought to the surface in connection with conventional oil or natural gas pro-		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combus-		Х								
duction, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	74	35	36	tion of fossil fuel, or recovery of geothermal energy? (FORM 4)	37	36	39							
<ol> <li>Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the in-</li> </ol>				J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the										
structions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an		Х		instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment	10,10	X								
attainment area? (FORM 5)	40	41	42	area? (FORM 5)	43	44	45							
1 SKIP BECTON DICKINSO	N	&	CO	MPANY										
IV. FACILITY CONTACT					69	-	****							
A. NAME & TITLE (last, fin	7		)	B. PHONE (area code & no.)										
2 T R E T I A K W A L T E R S R	F	A	CIL	ENGR 201 460 2806										
V. FACILITY MAILING ADDRESS  A. STREET OR P.O.	EOX			STREET,										
3 STANLEY STREET		1												
B. CITY OR TOWN				C.STATE D. ZIP CODE										
4 E. RUTHERFORD				NJ 07073										
VI. FACILITY LOCATION				40 43 42 47 - 51	25%									
A. STREET, ROUTE NO. OR OTHER S		FIC	IDENTIFI	ER										
5 STANLEY, STREET,		17		45										
B. COUNTY NAME BERGEN		T												
BERGEN  C. CITY OR TOWN				D.STATE E. ZIP CODE   F. COUNTY CODE										
6 E. RUTHERFORD	1	-		N J 0 7 0 7 3										
15 16 EPA Form 3510-1 (6-80)				40 41 42 47 - 51 52 - 54 CONTI	NUE (	ON R	EVERSE							

CONTINUED FROM THE FRONT				
VII. SIC CODES (4-digit, in order of priority)  A. FIRST			8, SECOND	
7 3,8,4,5 (specify) Medical instruments	, supplies	C       (sp	ecify)	
C. THIRD		15 (16 - 19	D. FOURTH	
c (specify)		7 (sp	ecify)	
VIII. OPERATOR INFORMATION		15 16 - 19		
	A. NAME	<b>公</b> 在成功。	HE STANFORD OF A	B. Is the name listed in
8		PANY		Item VIII-A also the owner?
C. STATUS OF OPERATOR (Enter the ap)	propriate letter into the ans	wer box: if "Other" spe	ecify   D. PHON	E (area code & no.)
F = FEDERAL M = PUBLIC (other than S = STATE O = OTHER (specify) P = PRIVATE		(specify)	A 2 0 1	4 6 0 2 0 0 0
E, STREET C	PR P.O. BOX			
STANLEY STREET				
F. CITY OR TOV	VN	G.STATE H	ZIP CODE IX, INDIAN LAND	
		NJO		ted on Indian lands?
BE. RUTHERFORD	1.	IN B   O	☐ YES	□ NO
X. EXISTING ENVIRONMENTAL PERMITS	<b>建设計劃,但是1985</b>	A0 A1 A2 A7	- 51	
A. NPDES (Discharges to Surface Water)	D. PSD (Air Emission	ons from Proposed Source	pes)	
CITILITIES	CTI			
15 16 17 18 -	9 P , , , , , , , , , , , , , , , , , ,	المستنا ألما	30	
B. UIC (Underground Injection of Fluids)	E, OTH	ER (specify)		制造活动 的复数形式
9 U	9		(specify)	
15   16   17   16   C. RCRA (Hazardous Wastes)	30 15 16 17 18 E. OTH	IER (specify)	30	A THE REPORT OF THE PARTY OF TH
9 R	C T 1 1 1 1 9		(specify)	
35 16 17 18 - XI. MAP	30 15 16 17 18		30	
Attach to this application a topographic mathematical the outline of the facility, the location of treatment, storage, or disposal facilities, ar water bodies in the map area. See instruction XII. NATURE OF BUSINESS (provide a brief description)	each of its existing and nd each well where it in ns for precise requireme	proposed intake and jects fluids undergro	l discharge structures, each o und. Include all springs, rive	f its hazardous waste
Manufacturing of medi	cal devices.			
		FOLA		
		19:51		
			Name of the Owner	
VIII CERTIFICATION (				
I certify under penalty of law that I have pattachments and that, based on my inqui	rv of those persons im	mediately responsible	e for obtaining the informat	tion contained in the
false information, including the possibility	is true, accurate and co	omplete. I am aware	that there are significant per	nalties for submitting
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNA	TURE	//	. DATE SIGNED
Photios T. Paulson, Group President	100	VIlau	du	11/24/80.
COMMENTS FOR OFFICIAL USE ONLY				
c				
15 16 PA Form 3510-1 (6-80) BEVERSE				55

				type in the unshaded areas on e spaced for elite type, i.e., 1.						Form Approved	OMB No. 1	<i>58-S8000</i>	4 commence	
FO	RN	1	ń	EDA HAZ	AHDOUS WAS					I. EPA I.D. N	UMBER		T/A C	
RC			Y	EPA	Consolidation is requ	ted Permits ired under S		005 of RC	CRA.)	F N J D O	0 0 3	0 4 7	8 2 3 1	
FO	R	OF		AL USE ONLY			HE	1914					Adjust.	
			ED	(yr., mo., & day)	EDICEPTED STRUCTURE	COAN MY	- Made	CC	MMENTS	t en tot en				
	4	23		24 - 29										
Plac	2 21	2 "	C" ir	R REVISED APPLICATION the appropriate box in A or	B below (mark one b	ox only) to	indicate v	whether th	nis is the first a	pplication you are	submitting	for your f	acility or a	
revis	ed	app	licat	tion. If this is your first appli per in Item I above.	cation and you alread	y know you	r facility	's EPA I.E	). Number, or i	f this is a revised a	application,	enter you	r facility's	
A. I	TIF	257	AF	PLICATION (place an "X" STING FACILITY (See instr	below and provide tuctions for definition	ne appropria	te date) (" facility	y.		2.NEW FACI	LITY (Com	olete item	below.)	
	7	1 VP		FOR EXIST	NG FACILITIES. PF	OVIDE TH	EDATE	(yr., mo.,	& day)	71 YR.   MO.	PR	OVIDE T	ACILITIES, HE DATE ay) OPERA-	
8		ol	7	0 1 0 1 (use the boxe	BEGAN OR THE D	ATE CONST	TRUCTIO	ON COMM	IENCED	73 74 75 76	TIC	ON BEGA		
B. I	_	-	SED	APPLICATION (place an		lete Item I a	ibove)			2. FACILITY	HAS A RC	RA PERM	IT	
III.	7	2		SES – CODES AND DES			481			72			12:10	
A. I	R	OCE	SS (	ODE - Enter the code from	the list of process co	des below th	at best d	escribes e	ach process to	be used at the fac	lity. Ten lin	nes are pro	vided for	
(	A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).													
	PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.  1. AMOUNT — Enter the amount.													
		UN	ITO	F MEASURE — For each ame used. Only the units of measures.				de from th	e list of unit m	easure codes belo	w that desci	ibes the u	nit of	
				PRO-	APPROPRIATE UI					PRO- CESS	APPROPR MEASURE			
St	ora	ge:	PF	ROCESS CODE	DESIGN CAPA	CITY	Trea	tment:	ROCESS	CODE	DESIG	N CAPAC	ITY	
CC	NI N	TAI		(barrel, drum, etc.) S01	GALLONS OR LITE GALLONS OR LITE		TAI	NK .			GALLONS LITERS PE	RDAY	To San	
			PILE E II	S03 APOUNDMENT S04	CUBIC YARDS OR CUBIC METERS GALLONS OR LITE	RS		INERATO	POUNDMENT	тоз	GALLONS LITERS PE TONS PER	R DAY HOUR OF	2	
	-	sal		WELL D79	GALLONS OR LITE	Pe					METRIC TO GALLONS LITERS PE	PER HOU		
			LL	D80	ACRE-FEET (the vo would cover one acre depth of one foot) O	ume that to a	ther	mal or bio	for physical, chological treatme occurring in ta	ent	GALLONS LITERS PE		OR	
				ICATION D81	HECTARE-METER ACRES OR HECTA GALLONS PER DA	RES	surfator	ace impou s. Describ	ndments or inc se the processes sided; Item III	riner-				
					LITERS PER DAY GALLONS OR LITE		ine i	space proc	idea, Item III					
				UNIT					NIT OF EASURE				UNIT OF MEASURE	
-				ASURE COD	DE UNIT	F MEASUF		NAME OF TAXABLE	CODE	UNIT OF ME			CODE	
CI	TE	RS	AR	os	TONS METR	C TONS PE	RHOUR		D	HECTARE-M	ETER	::::::	F	
G	ALI	LO	NS P	ERS	J LITER	S PER HOU	R		H	HECTARES.				
othe	r c	an	nold	400 gallons. The facility also	has an incinerator th	at can burn	up to 20	gallons pe	er hour.	rage tanks, one ta	nk can noid	200 garror	is and the	
5 C				DUP	11 15	111	1)	//,	111,	1111	111	11	111	
C	A.	PF	20-	B. PROCESS DESIG		1	) a	A. PRO	B. PRO	CESS DESIGN	CAPACIT	TY	FOR	
UMBE	C	O		1. AMOUNT	2. UNI OF ME SURE	4-OFFICE	AL	CODE		1. AMOUNT		2. UNIT OF MEA- SURE	FOR OFFICIAL USE	
ZŽ		bot	e)	(specify)	(enter		N S S	above)				(enter code)	ONLY	
X-1	S		2	600	27 28 G	29	5	16 - 18	19		27	28	29 - 32	
X-2	T	0	3	20	E		6		The state of	AUDIO NY	10 103 H	9.44		
	-			20					9 (01:20 )					
1	S	0	1	1385000	G		7		1 21 1					
2	S	0	2	2500000	G		8			100				
3	Т	0	1	10000000	ט		9							
4	т	0	4	48000000	U		10							
	16	-	18		27 28	29 -	32 FF 1 O	16 - 18	19		27	Z8	N REVERSE	

## III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES ( $code\ "T04"$ ). FOR EACH PROCESS ENTERED HERE

TO4 - Ethylene Oxide is mixed with water in vacuum pump prior to discharge to POTW.

### IV. DESCRIPTION OF HAZARDOUS WASTES

- EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

NGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODI	Ē
OUNDS,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		KILOGRAMS		
ONS	T	METRIC TONS		

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste

#### D. PROCESSES

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes, If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

  In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter
- 'included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

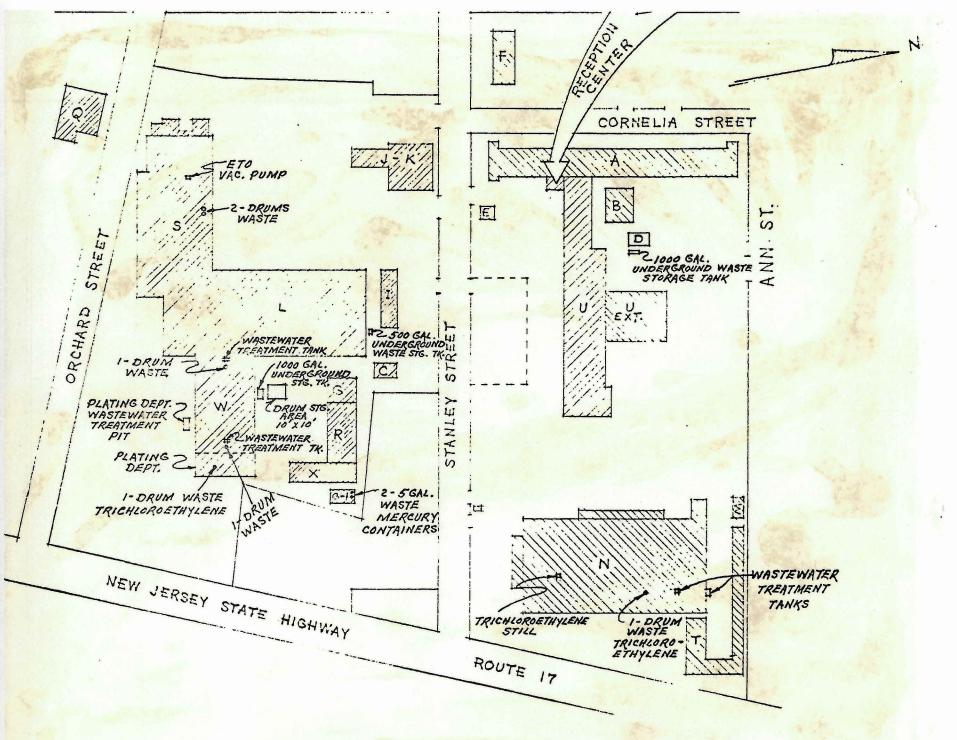
EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

ш	A. EPA HAZARD. B. ESTIMATED ANN					B. ESTIMATED ANNUAL		UNIT									D. PROCESSES
LINE NO.	W	IA	ST		ON	QUANTITY OF WASTE	St (e	nter	1			1. 1	PRO	(en	ss code	s	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	1	K	0	5	4	900		P	T	0	3	D	8	0			
X-2	1	0	0	0	2	400		P	T	0	3	D	8	0	11	111	
X-3	I	0	0	0	1	100		P	T	0	3	D	8	0	11	1	
X-4		D	0	0	2								T		11		included with above

	The same of the same of	y th	is page before complet you BER (enter from page 1)	have	moi	re tha	an 2	6 w	astes			Form Appl					roved OMB No. 158-S80004			
	S	T	T			0 3 0 4 7 8 2 3 1	1	1	N N	7					UP		7/A c 3 2	DU	J P	
	1 2					DN OF HAZARDOUS WASTI	ES (	con	1	2		187					13 14 15		26	
20-22	LINE NO.	H	A. EPA HAZARD. WASTENO. (enter codc)		D.	B. ESTIMATED ANNUAL		C. UNI OF ME SURE (enter code)			1. PROCESS CODES (enter) - 29   27 - 29   27 - 29   27 - 29				2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
001	1	F	0	0		30,000000	100	36 P		1	1	1	0 2							
002	2	F	0	0	2						1	'					Inclu	ided v	with	above.
003	3	U	2	8	8												Inclu	ıded v	with	above.
	4	F	0	0	7	400000		P	S	0	2	T	0 1							
	- 5	F	0	0	8	600		P	S	0	2	T	0 1							
	6	F	0	0	9	50,000000	No. of Lot	P	S	0	2	T	0 1		-					
	7	P	1	0	6	38000		P		0	2	T	0 1		h					
	8	U	0	0	2	25,000000		P		0	1	S	0 2		2.5	13	V III		Py	MA JANE LEN ABOUT
	9	U	1	1	5	7,200000		P		T										r in vacuum pump to POTW.
	10	U	1	5	1	50000		P		0	1	ı	1		·	11	ana c	XI DOTTO	arge	co roiw.
	11	U	1	5	4	12,000000		Р		0	1	S	0 2	1	1	1.1				The said that entrance
	12	U	0	1	9	10600		P		0	1		1	r	1	1.4	No. of			THE COUNTY OF STREET
	13	D	0	0	1	20 000		P		0	1	7	-		-		9 6 6	R A	In	
	14	D	0	0	2	20000		P		0	1	1	1	'	-	1.1				DE PREJORE TO
	15	D	0	0	3	20000		P		0	1	-	1		-	11	Education St.			CIET SHOWS IN THE WAY
	16	D	0	0	0	20 000		P		0]		1	1	-	-		NO UNI			
	17					LEGIL				1		1		-	-	1 1				
	18				1			-				-	1		-				7.7	
	19					and the second						1	-		1		DALET S	R. K.	PE ST	
	20					A Decree of the Complete of th						I	T	1	×1	1 1	CHARLE IS	ME 1 2		and the second second
	21											T	T		-				Tell Miles	
	22					1900 - 1900 - 1			1			1			THE STREET	1 1		,		
	23					Name of the contract of the co						7	1	1	1				EN.	(1) = 1159 A 110 (0) 1   A 110   A.   140   A.
	24					Late To all your mine to the			1 13			-	1		-				6	STATISTICAL DISTRICT
1	25				-							1	-		1			to you	- Calab	
	26				+	INDER STATE OF						1	1			111				
. 1	EPA F	23 orn	1 35		<sup>26</sup> <sup>2</sup> 3 (6			36	27		29	27	- 29	27	- 29	27 - 29				CONTINUE ON REVERSE

E. USE THIS SPACE TO LIST ADDITIONAL PROC	nued)	OM ITEM D(1) ON PAGE 3			
	A	A			
EPA I.D. No. (enter from page 1)  F N J D 0 0 0 3 0 4 7 8 2 3 6	:55	F6:56			
V. FACILITY DRAWING  All existing facilities must include in the space provided on p.	age 5 a scale drawi	ng of the facility (see instruction	s for more detail).		ar as
VI. PHOTOGRAPHS					TITE!
All existing facilities must include photographs (aeria treatment and disposal areas; and sites of future stora	age, treatment or	disposal areas (see instruction	ons for more detail	il).	Je,
VII. FACILITY GEOGRAPHIC LOCATION  LATITUDE (degrees, minutes, & seconds)		LONGITUD	E (degrees, minutes	& seconds)	
4 0 4 9 3 0 0			7 4 0 5 3	60	
VIII. FACILITY OWNER  X A. If the facility owner is also the facility operator as liss skip to Section IX below.	sted in Section VII	I on Form 1, "General Informati	ion", place an "X" i	n the box to the i	left and
B. If the facility owner is not the facility operator as lis	sted in Section VIII	on Form 1, complete the follow	wing items:		
1. NAME OF FACILI	ITY'S LEGAL OW	NER	2. P	HONE NO. (area	code & no.)
15 116			55 56 -	50 50 - 61	62 -
3. STREET OR P.O. BOX	c	4. CITY OR TOWN	5.ST.	6. ZIP CO	DE
15   16	48 18 16		40 41 42	47 -	-11
IX. OWNER CERTIFICATION  I certify under penalty of law that I have personally e documents, and that based on my inquiry of those including the possibility of fine and imprisonment.	dividuals immedi	iately responsible for obtaining	ing the information	n, I believe tha	t the
A. NAME (print or type)	B. SIGNATURE	1 11		SIGNED	
Photios T. Paulson, Group President		welling	11	124/80	
X, OPERATOR CERTIFICATION			HEALTH FEE		
I certify under penalty of law that I have personally e documents, and that based on my inquiry of those inc					
submitted information is true, accurate, and complete including the possibility of fine and imprisonment.	e. I am aware tha	at there are significant penalt	ties for submitting	false informat	ion,
	e. I am aware tha	nt there are significant penalt	ties for submitting	i false informat	ion,

Continued from the front.

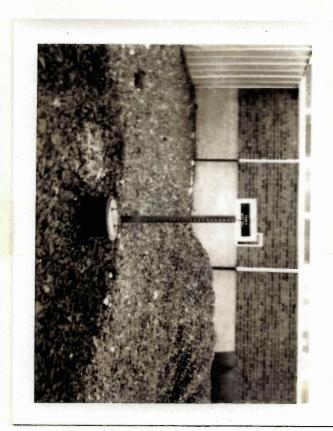


SCALE: |"= 200'























# State of New Jersey DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT 32 E. Hanover St., CN 028, Trenton, N.J. 08625

DR. MARWAN M. SADAT, P.E. DIRECTOR

LINO F. PEREIRA, P.E. DEPUTY DIRECTOR

23 OCT 1985

## CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Ted Tideman

Sr. Facilities Engineer

Becton-Dickinson & Company

E. Rutherford, New Jersey 07070

RE: Becton-Dickinson, East Rutherford EPA ID NO. NJD 000 304 782

Dear Mr. Tideman:

The Solid Waste Management Act (N.J.S.A. 13:1E-1 et seq.) authorized the New Jersey Department of Environmental Protection (NJDEP) to establish a program requiring permits for hazardous waste treatment, storage or disposal facilities. NJDEP has issued regulations to implement this permit program, which can be found under N.J.A.C. 7:26-1.1 et seq.

Pursuant to these regulations, specifically N.J.A.C. 7:26-12.3, your facility has been operating as an existing facility since the New Jersey Hazardous Waste Management Regulations (N.J.A.C. 7:26-1.1 et seq.) became effective on October 8, 1981. Our records show that you have submitted either Part A of the USEPA RCRA Permit Application of Part A of the New Jersey Hazardous Waste Facility Permit Application. If necessary, your Part A application shall be revised to reflect the requirements of N.J.A.C. 7:26 1.1 et seq. Forms may be obtained from this office or U.S.E.P.A. Region II at (212) 264-9880.

This letter shall constitute an official request for the complete New Jersey Hazardous Waste Facility Permit Application, which shall include items set forth in Attachment I.

Your alternative information statement and affidavit should be submitted no later than three (3) months from the date of this letter. The remaining sections of your application should be submitted no later than six (6) months from the date of this letter. Failure to submit the required application by this date shall constitute grounds for termination of existing facility status pursuant to N.J.A.C. 7:26-12.3(f) 2.

As stated above, your full application is not due until six (6) months from the date of this letter. However, I would encourage you to start work on it as early as possible because there is a significant amount of information to be submitted. All submittals should be addresses to the attention of:

Frank Coolick, Chief
Bureau of Hazardous Waste Engineering
Division of Waste Management
New Jersey Department of Environmental Protection
8 East Hanover Street
Trenton, New Jersey 08625

Initially, all applicants shall submit three (3) copies of the application. The Department will notify the applicant as to how many additional copies are needed for distribution to appropriate state and local authorities when it completes its initial evaluation of the application.

Should you wish to treat part of your application as confidential information, please refer to Attachment II, which outlines the procedures to be followed in making this claim.

I have taken the liberty of scheduling two (2) application conferences in order to assist you in preparing this application. These conferences have been schedules for December 4, 1985 and January 30, 1986 at 10:00 am. These conferences will be held in the conference room, 8 East Hanover Street, Trenton, New Jersey 09625. If it is determined that one or both of these conferences is unnecessary, please notify my office of the cancellation.

Should you have any questions regarding this official request to submit your Hazardous Waste Facility Permit Application, please do not hesitate to contact me at (609) 984-6724 or the Bureau of Hazardous Waste Engineering at (609) 984-4892.

Very truly yours,

Edward J. Londres, P.E. Assistant Director

Engineering

EP10:1k Attachments

c: Angel Chang, USEPA;

